



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Box ISSUE FEE**  
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**Washington, D.C. 20231**  
**Fax (703)746-4000**

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7590 09/30/2002

Robert L. Budzinski  
1106 Edgewood Drive  
Richardson, TX 75081-5811

01/07/2003 EAREGAY2 00000068 09671580

01 FC:2501 640.00 0P  
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**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

ROBERT L. BUDZINSKI	(Depositor's name)
Robert L. Budzinski	(Signature)
12/20/02	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09671,580	09/27/2000	Robert L. Budzinski		4674

**TITLE OF INVENTION: MEMORY SYSTEM FOR STORING AND RETRIEVING EXPERIENCE AND KNOWLEDGE WITH NATURAL LANGUAGE UTILIZING STATE REPRESENTATION DATA, WORD SENSE NUMBERS, FUNCTION CODES AND / OR DIRECTED GRAPHS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	12/30/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
EDOUARD, PATRICK NESTOR	2654	704-009000

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

**4b. Payment of Fee(s):**

Issue Fee  A check in the amount of the fee(s) is enclosed.  
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 Advance Order - # of Copies 10  The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

Robert L. Budzinski 12/30/02

(Authorized Signature)

(Date)

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